

The Opioid Crisis

Non-pharmacologic management committee recommendations

Co-chairs: Michael Giovanniello, M.D. and Christopher Duncan, DC

The Opioid Epidemic

-A pain management crisis-

- UCOOP brought us together to collaborate on a public health crisis
 - Opioid misuse
 - Opioid abuse
 - Opioid addiction/Opioid use disorder
- More people have chronic pain than diabetes, heart disease and cancer combined
- Epidemic rates of addiction and death from prescription opioids
- The time is now to execute the evidence to use nonpharmacologic therapies as first line treatment for management of chronic pain
- Establish the goal of “opioid sparing”

Does evidence based medicine support these recommendations?

- To use nonpharmacologic management as first line treatment for chronic pain
 - US Department of Health and Human Services National Pain Strategy
 - *NIH/National pain strategy (2/2018)*
 - The American College of Physicians
 - *Ann Intern Med.2017*
 - Evidence-Based Non-pharmacologic Strategies for Comprehensive Pain Care
 - *Consortium Pain Task Force White Paper (11/2017)*
 - Multiple other current guidelines and research to support these recommendations

Integrative Pain Management

- Available treatments for chronic nonmalignant pain have not been shown efficacious by robust data
 - whether the treatment in question is cognitive behavioral therapy, biofeedback, interventional anesthesia, or ongoing opioid medication [16, 42, 43].
- **Combining these treatments**
 - In the setting **multidisciplinary /integrative** treatment programs, on the other hand, has been demonstrated efficacious in more than 60 studies [44]
 - **Negative results** may be partly due to studying available treatments in **isolation**.

What do patients want?

- Are Americans open to drug-free pain treatment over opioids?
 - 78% of US adult would prefer to use nonpharmacologic treatment for back and neck pain before considering pharmaceutical options
 - *US Gallup poll (9/2017)*
- Research indicates health care expenditures may be lower
 - *Martin et al, Med Care. 2012*

Nonpharmacologic Treatment Committee Recommendations

- Evidence based non-pharmacologic treatments be utilized in a comprehensive/integrative treatment strategy
- Collaboration with providers, payers, and legislators to advocate for **policy initiatives** and remedy the system and **reimbursement barriers** to evidence-informed comprehensive pain care
- Promote **ongoing education and research** to establish the role of effective nonpharmacologic treatments for pain

Nonpharmacologic Treatment Options

Construct of an integrative interdisciplinary pain management model

- Mental Health
 - Cognitive behavioral therapy, Acceptance and mindfulness therapies
- Spinal Manipulation
- Exercise Therapy
- Movement Therapy
- Acupuncture
- Massage
- Procedural Interventions
- Physical/Occupational Therapy
- Functional Restoration

Barriers to Implementation

Nonpharmacologic Treatment

- **Financial Barriers**

- Meaningful levels of coverage for professionals focusing on nondrug therapies
- Time to diagnose, prescribe, and teach these options is longer than Rx with opioid and not reimbursed commensurately
- Increased out of pocket costs
 - Multiple co-pays for a single treatment plan
- Insufficient financial and system resources to support nonpharmacologic Rx

- **Educational**

- Lack of knowledge of what is effective for what disorder
- Inadequate training in evidenced based approaches to management of pain
- Inadequate collaboration/communication between providers

Recommendation #1

Insurance payors improve accessibility and coverage of effective evidence based nonpharmacologic treatments recommended by previously cited guidelines

- Removing financial barriers to implementation of evidenced based RX
- Access to Rx currently precluded from reimbursement
 - Add these treatments to essential health benefit lists
 - Creating a **Benefit Design**
- Network availability
- **Network Adequacy**
- Financial incentives that favor use of nonpharmacologic options over opioids
- **Making these nonpharmacologic treatments essential health benefits is the first step**

Recommendation #2

Creation of education modules leading to a certification to address educational deficiencies in nonpharmacologic treatment

- Training would be voluntary, modular, multi-modal, free, and include self-assessment for CME
- Modules would be developed for most common disorders(LBP) and emphasize first line treatment recommendations
- Peer-reviewed, evidenced based guidelines would form the basis of these modules
- Curriculum approved by professional associations and/or department of health
- Training would be incentivized to maximize effect

Recommendation #3

Amend the “Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain” to include the list of nonpharmacologic alternatives

- Complaint of providers in Utah is what alternatives are available
 - Initiatives to make providers aware of comprehensive integrative pain management as a viable alternative to opioid management
- We recommend the following treatments be included:
- Mental Health
 - Cognitive behavioral therapy, Acceptance and mindfulness therapies
- Spinal Manipulation
- Exercise Therapy
- Movement Therapy
- Acupuncture
- Massage
- Procedural Interventions
- Physical/Occupational Therapy
- Functional Restoration

Precedent has been established

State and federal legislation

Ensure access and adequate coverage for integrative health care

- Missouri [House Bill 1516 (2018)]
 - Coverage of 20 visits per year for spinal manipulation
- Washington [Senate Bill 5779(20170)]
 - Health transformation requiring integration of behavioral and physical health
 - Review of payment codes
- Delaware [senate Bill 225 (2018)]
 - Prohibit numerical visits on PT and chiropractic care
 - Continuing education for prescribers relating to risks/alternatives to opioids
- US: Comprehensive Addiction Recovery Act (2016)/National Defense Authorization Act (2018)

Discussion Items:

Do you acknowledge expanded coverage of nonpharmacologic treatment is supported by existing literature?

- Public and private insurers need to support and provide coverage for integration of evidence-based guidelines for non-opioid treatment of pain as first line treatment
- Financial incentives that favor the use of nonpharmacologic options over opioids (**Decrease patient out of pocket expenses**)
 - Restructuring co-pay system for multiple visit therapies (Copay caps)
 - Provide meaningful levels of coverage and reimbursement for care professionals who focus on guideline adherent non-drug therapies
- Reimbursement commensurate with complexity(**Payment reform initiative**)
 - Complete review of payment codes with appropriate adjustment to payment rules
 - No bundling of appropriate procedure/screening tests (SBIRT) with E&M codes

Discussion Items Continued:

- Reduce the burden of preauthorization to facilitate efficient and effective management
 - CDC report 2018 indicates most effective pain management programs eliminate pre-authorization
 - Barrier to providing timely, patient centered care
- Professional Education and training for better, comprehensive, and integrated pain management
 - Establishing networks of providers who have completed education modules
 - Establish financial incentives for providers completing education modules
- Integrative services are in short supply in rural and underserved areas
 - Allowance and reimbursement for telemedicine options

Conclusions:

- **Restricting access to opioids without addressing the underlying problem of chronic pain management will not solve the opioid crisis**
- To effect change in opioid use and misuse, public and private insurer payor policies must align themselves with public health initiatives (UCOOP) to address opioid misuse by removing process/financial barriers that limit access to nonpharmacologic care
- Insurers are adopting the 2016 CDC Opioid Prescribing Guidelines
- **Now is the time to recognize and implement well conceived guidelines that encourage the use of evidenced based nonpharmacologic treatment options**